

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT

OF

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INDIAN HEALTH SERVICE

BEFORE THE

SENATE COMMITTEE ON INDIAN AFFAIRS

ON WATER PROBLEMS ON THE STANDING ROCK SIOUX RESERVATION

November 18, 2004

**STATEMENT OF THE INDIAN HEALTH SERVICE
OVERSIGHT HEARING ON THE
WATER PROBLEMS ON THE STANDING ROCK SIOUX RESERVATION**

NOVEMBER 18, 2004

Mr. Chairman and Members of the Committee:

Good morning, I am Dr. Richard Olson, Director, Division of Clinical and Community Services, Indian Health Service (IHS). I am accompanied by Ronald Ferguson, Director, Division of Sanitation Facilities Construction, Indian Health Service. We are here today to discuss the impact of the failure of the Fort Yates municipal water system on the Standing Rock Sioux Reservation in November and December of 2003 and its impact on the IHS hospital at Fort Yates, North Dakota (ND) Service Unit.

Because the water system failure happened quickly, local officials were unable to provide advance warning to the public. Since that time, the Bureau of Reclamation (BOR), has made certain improvements to the water intake system. In addition, we have successfully drilled and installed a well on the IHS hospital property grounds that could keep our boilers and furnaces in operation and provide water to bathroom facilities. However, this water would not be suitable for medical use or human consumption.

I would now like to provide to the Committee background on the IHS and the events of last year that left the Standing Rock Community without water and particularly its impact on the IHS

health facility's ability to continue to provide health care services to the Standing Rock tribal community.

The IHS, an agency in the Department of Health and Human Services, delivers health services to more than 1.6 million Federally-recognized American Indians and Alaska Natives (AI/ANs) through a system of IHS, tribal, and urban (I/T/U) operated facilities and programs based on treaties, judicial determinations, and Acts of Congress. The mission of the agency is to raise the physical, mental, social, and spiritual health of AI/ANs to the highest level, in partnership with the population we serve. The agency goal is to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people and communities.

On Sunday November 23, 2003, the Service Unit staff was informed that the intake pump and water line into the Missouri River was either plugged with silt or frozen or both. The water lines were rapidly losing pressure as the municipal water storage tanks were rapidly being depleted.

Immediate steps were taken to make sure the safety of patients was not compromised and to implement backup plans to maintain the operation of the Fort Yates Indian Hospital.

At this time, there were no in-patients in the Hospital and no patients being seen in the emergency department. Without potable running water, we made a decision to send the In-Patient Nursing staff home. The Service Unit leadership conferred with the Tribal ambulance staff and advised the Emergency Medical Technicians to transport patients directly from the

pick-up sites to hospitals in Bismarck, ND, and to cease delivery of patients to the Fort Yates Indian Hospital. Dialysis services also had to be closed until it was again safe to run the dialysis units at the Hospital. Emergency staff was sent home and the Hospital closed entirely except for the maintenance staff who remained on duty to keep the boilers and furnaces up and running. The furnaces were kept running by hauling water to the Hospital from a private well located approximately 4-5 miles from the Hospital.

On Monday November 24, due to complete shut-down of water services to the city of Fort Yates, the decision was made to completely close the hospital after conferring with the Tribe. Public statements by radio stations were used to inform the public of the water supply problem, the closure of the Fort Yates Indian Hospital, and where to seek medical services. Arrangements were made to transport dialysis patients to the Med Center One Hospital in Bismarck, ND. All necessary medical staff reported to the Indian Health Service Clinic in McLaughlin, South Dakota, which is located 25 miles south of Fort Yates, ND, to assist in the added number of patients resulting from closure of the Hospital. We operated under this plan for two days.

By Wednesday, November 26, 2003, we were able to operate a general walk-in clinic for non-invasive procedures using local antiseptic hand-washing procedures and limited restroom facilities with the use of hauled water to the restrooms. The Fort Yates Indian Hospital returned to full operation during the first week of December after running water was restored by Tribal Officials and the Bureau of Reclamation, and the water was determined to be safe by the Environmental Protection Agency.

Mr. Chairman, this concludes my statement. Thank you for this opportunity to discuss this health related matter. We will be happy to answer any questions that you may have.